

January 10, 2003

RE: ADPLEX* RHODES 019-16907-00041

TO: Interested Parties / Applicant

FROM: Paul Dubenetzky
Chief, Permits Branch
Office of Air Quality

Notice of Decision - Approval

Please be advised that on behalf of the Commissioner of the Department of Environmental Management, I have issued a decision regarding the enclosed matter. Pursuant to 326 IAC 2, this approval was effective immediately upon submittal of the application.

If you wish to challenge this decision, IC 4-21.5-3-7 requires that you file a petition for administrative review. This petition may include a request for stay of effectiveness and must be submitted to the Office Environmental Adjudication, ISTA Building, 150 W. Market Street, Suite 618, Indianapolis, IN 46204, **within eighteen (18) calendar days from the mailing of this notice**. The filing of a petition for administrative review is complete on the earliest of the following dates that apply to the filing:

- (1) the date the document is delivered to the Office of Environmental Adjudication (OEA);
- (2) the date of the postmark on the envelope containing the document, if the document is mailed to OEA by U.S. mail; or
- (3) The date on which the document is deposited with a private carrier, as shown by receipt issued by the carrier, if the document is sent to the OEA by private carrier.

The petition must include facts demonstrating that you are either the applicant, a person aggrieved or adversely affected by the decision or otherwise entitled to review by law. Please identify the permit, decision, or other order for which you seek review by permit number, name of the applicant, location, date of this notice and all of the following:

- (1) the name and address of the person making the request;
- (2) the interest of the person making the request;
- (3) identification of any persons represented by the person making the request;
- (4) the reasons, with particularity, for the request;
- (5) the issues, with particularity, proposed for considerations at any hearing; and
- (6) identification of the terms and conditions which, in the judgment of the person making the request, would be appropriate in the case in question to satisfy the requirements of the law governing documents of the type issued by the Commissioner.

If you have technical questions regarding the enclosed documents, please contact the Office of Air Quality, Permits Branch at (317) 233-0178. Callers from within Indiana may call toll-free at 1-800-451-6027, ext. 3-0178.

Enclosures

January 10, 2003

Mr. Gary H. Sherburne
AdPlex • Rhodes
100 Quality Street
Charlestown, Indiana 47111

Re: 019-16907-00041
First Administrative Amendment to
FESOP F019-12729-00041

Dear Mr. Sherburne:

Rhodes, Inc. was issued a FESOP renewal permit on February 22, 2002 for a stationary commercial printing facility. A letter requesting a transfer of ownership and change in authorized individual was received on December 18, 2002. Items added were identified in **bold** and items deleted or changed were identified by a ~~strikeout~~. Pursuant to the provisions of 326 IAC 2-8-10 the permit is hereby administratively amended as follows:

A.1 General Information [326 IAC 2-8-3(b)]

The Permittee owns and operates a stationary commercial printing facility.

Authorized individual:	Pami Eagan or Steve Spies or Gary Sherburne
Source Address:	100 Quality Court Street, Charlestown, Indiana 47111
Mailing Address:	100 Quality Court Street, Charlestown, Indiana 47111
General Source Phone Number:	(812) 256-3396
SIC Code:	2752
Source Location Status:	Clark
County Status:	Nonattainment for ozone Attainment for all other criteria pollutants
Source Status:	Federally Enforceable State Operating Permit (FESOP) Minor Source, under PSD or Emission Offset Rules;

LSC Enterprises, Charlestown, Indiana transferred ownership of the Charlestown, Indiana facility to Windward Printstar, Inc. d/b/a AdPlex • Rhodes, 650 Century Plaza, Suite 120, Houston, Texas, 77073. The facility located at 100 Quality Street, Charlestown, Indiana will change names from Rhodes, Inc. to AdPlex • Rhodes and operate under the new name.

In addition to Pami Egan, Director/Environmental & Safety as a Authorized Individual, AdPlex • Rhodes has requested Steve Spies, Vice President of Operations and Gary H. Sherburne, Vice President/Chief Engineer also be added as Authorized Individuals. All three individuals meets the requirements of 326 IAC 2-1.1-1(1) as an Authorized Individual.

A correction in the mailing address and source address was made to change Quality Court to Quality Street as indicated in the letter submitted by AdPlex • Rhodes.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension (3-5334), or dial (317) 233-5334.

Sincerely,

Original signed by
Paul Dubenetzky, Chief
Permits Branch
Office of Air Quality

Attachments: Updated Pages

PD/gkf

cc: File -Clark County
Clark County Health Department
Air Compliance Section Inspector - Ray Schick
Compliance Data Section -Karen Ampil
Air Programs - Chet Bohannon
Permit Review Section 1 - Gary Freeman

FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)

OFFICE OF AIR QUALITY

**AdPlex • Rhodes
100 Quality Street
Charlestown, Indiana 47111**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-8 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: F019-12729-00041	
Issued by: Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: February 22, 2002 Expiration Date: February 22, 2007

First Administrative Amendment: 019-16907-00041	Pages Affected: 4, 26, 27, 28, 29, 30 and 31
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: January 10, 2003

SECTION A

SOURCE SUMMARY

This permit is based on information requested by the Indiana Department of Environmental Management (IDEM), Office of Air Quality (OAQ). The information describing the source contained in conditions A.1 through A.3 is descriptive information and does not constitute enforceable conditions. However, the Permittee should be aware that a physical change or a change in the method of operation that may render this descriptive information obsolete or inaccurate may trigger requirements for the Permittee to obtain additional permits or seek modification of this permit pursuant to 326 IAC 2, or change other applicable requirements presented in the permit application.

A.1 General Information [326 IAC 2-8-3(b)]

The Permittee owns and operates a stationary commercial printing facility.

Authorized individual:	Pami Eagan or Steve Spies or Gary Sherburne
Source Address:	100 Quality Street, Charlestown, Indiana 47111
Mailing Address:	100 Quality Street, Charlestown, Indiana 47111
General Source Phone Number:	(812) 256-3396
SIC Code:	2752
Source Location Status:	Clark
County Status:	Nonattainment for ozone Attainment for all other criteria pollutants
Source Status:	Federally Enforceable State Operating Permit (FESOP) Minor Source, under PSD or Emission Offset Rules;

A.2 Emission Units and Pollution Control Equipment Summary [326 IAC 2-8-3(c)(3)]

This stationary source consists of the following emission units and pollution control devices:

- (a) One (1) Web Heatset Offset Press, referred to as C700A, constructed in June, 1989, with a printing width of sixty-six (66) inches and a maximum line speed of two thousand three hundred (2,300) feet per minute, controlled by two incinerators;
- (b) One (1) Web Heatset Offset Press, referred to as C700B, constructed in March, 1993, with a printing width of sixty-six (66) inches and a maximum line speed of two thousand three hundred (2,300) feet per minute, controlled by two incinerators;
- (c) Two (2) Web Heatset Offset Presses, referred to as C500A and C500B, both constructed in January, 1992, each with a printing width of forty (40) inches and a maximum line speed of one thousand four hundred and seventy-five (1,475) feet per minute, controlled by two incinerators;
- (d) Two (2) Web Heatset Offset Presses, referred to as C250A and C250B, both constructed in April, 1994, with a printing width of thirty-six (36) inches and a maximum line speed of one thousand four hundred and sixty (1,460) feet per minute, controlled by two incinerators;
- (e) One (1) Web Heatset Offset Press, referred to as C700C, constructed in August, 1995, with a printing width of fifty-eight (58) inches and a maximum line speed of two thousand three hundred (2,300) feet per minute, controlled by two incinerators; and
- (f) Two (2) thermal incinerators, referred to as ID #19000 and ID #14000, constructed in 1991 and 1995, respectively, with a heat input capacity of 8.1 and 6.0 million Btu per hour, respectively. These incinerators control VOC emissions from C700A, C700B, C500A, C500B, C250A, C250B, and C700C.

A.3 Insignificant Activities [326 IAC 2-7-1(21)] [326 IAC 2-8-3(c)(3)(I)]

This stationary source also includes the following insignificant activities, as defined in 326 IAC 2-7-1(21):

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
CERTIFICATION**

Source Name: AdPlex • Rhodes
Source Address: 100 Quality Street, Charlestown, Indiana 47111
Mailing Address: 100 Quality Street, Charlestown, Indiana 47111
FESOP No.: F019-12729-00041

**This certification shall be included when submitting monitoring, testing reports/results
or other documents as required by this permit.**

Please check what document is being certified:

9 Annual Compliance Certification Letter

9 Test Result (specify) _____

9 Report (specify) _____

9 Notification (specify) _____

9 Affidavit (specify) _____

9 Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE BRANCH
P.O. Box 6015
100 North Senate Avenue
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-5967**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
EMERGENCY OCCURRENCE REPORT**

Source Name: AdPlex • Rhodes
Source Address: 100 Quality Street, Charlestown, Indiana 47111
Mailing Address: 100 Quality Street, Charlestown, Indiana 47111
FESOP No.: F019-12729-00041

This form consists of 2 pages

Page 1 of 2

- 9** This is an emergency as defined in 326 IAC 2-7-1(12)
 CThe Permittee must notify the Office of Air Quality (OAQ), within four **(4)** business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and
 CThe Permittee must submit notice in writing or by facsimile within two **(2)** days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency:

Describe the cause of the Emergency:

If any of the following are not applicable, mark N/A

Page 2 of 2

Date/Time Emergency started:
Date/Time Emergency was corrected:
Was the facility being properly operated at the time of the emergency? Y N Describe:
Type of Pollutants Emitted: TSP, PM-10, SO ₂ , VOC, NO _x , CO, Pb, other:
Estimated amount of pollutant(s) emitted during emergency:
Describe the steps taken to mitigate the problem:
Describe the corrective actions/response steps taken:
Describe the measures taken to minimize emissions:
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: _____
Title / Position: _____
Date: _____
Phone: _____

A certification is not required for this report.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
Compliance Branch

FESOP Quarterly Report

Source Name: AdPlex • Rhodes
Source Address: 100 Quality Street, Charlestown, Indiana 47111
Mailing Address: 100 Quality Street, Charlestown, Indiana 47111
FESOP No.: F019-12729-00041
Facility: Presses C700A, C700B, C700C, C500A, C500B, C250A, C250B, 112
Parameter: VOCs
Limit: The amount of VOC delivered to the substrate and the amount of VOC used for cleanup shall be limited to less than 1,804 tons per 12 consecutive months period

YEAR: _____

Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
Month 1			
Month 2			
Month 3			

9 No deviation occurred in this quarter.

9 Deviation/s occurred in this quarter.

Deviation has been reported on: _____

Submitted by: _____
Title / Position: _____
Signature: _____
Date: _____
Phone: _____

Attach a signed certification to complete this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
Compliance Branch**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: AdPlex • Rhodes
Source Address: 100 Quality Street, Charlestown, Indiana 47111
Mailing Address: 100 Quality Street, Charlestown, Indiana 47111
FESOP No.: F019-12729-00041

Months: _____ to _____ Year: _____

Page 1 of 2

This report is an affirmation that the source has met all the requirements stated in this permit. This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	

Form Completed By: _____

Title/Position: _____

Date: _____

Phone: _____

Attach a signed certification to complete this report.